

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

ADDRESS (number and street) ▼

905 16th St., N.W.

☐ Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00007922

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Armand Sabitoni

Signature of Treasurer

Armand Sabitoni

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">4477209.28</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">4477209.28</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">168520.20</span>	<span style="border: 1px solid black; padding: 2px;">168520.20</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">4645729.48</span>	<span style="border: 1px solid black; padding: 2px;">4645729.48</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">7767.46</span>	<span style="border: 1px solid black; padding: 2px;">7767.46</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">4637962.02</span>	<span style="border: 1px solid black; padding: 2px;">4637962.02</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">11760.54</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	4564.39	4564.39
(ii) Unitemized .....	124354.33	124354.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	128918.72	128918.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	128918.72	128918.72
12. Transfers From Affiliated/Other Party Committees.....	37101.48	37101.48
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	168520.20	168520.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	168520.20	168520.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	267.46	267.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	267.46	267.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7767.46	7767.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7767.46	7767.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	128918.72	128918.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	128918.72	128918.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	267.46	267.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	267.46	267.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. Robert Abbott**

Mailing Address PO Box 481

City	State	Zip Code
Cashmere	WA	98815-0481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2016

Transaction ID : VPFGGGM5XM4P

Amount of Each Receipt this Period

263.62

☐ Memo Item

Payroll Deduction: (\$263.62 Monthly)

Full Name (Last, First, Middle Initial)

**B. Paul Bechely**

Mailing Address 2361 Veteran Ave

City	State	Zip Code
Los Angeles	CA	90064-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 777

Occupation

Local Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2016

Transaction ID : VPFGGGNNHN4P

Amount of Each Receipt this Period

223.70

☐ Memo Item

Payroll Deduction: (\$111.85 Monthly)

Full Name (Last, First, Middle Initial)

**C. Anthony Cantone**

Mailing Address 9305 W Majestic Dr

City	State	Zip Code
Monee	IL	60449-7113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 225

Occupation

Local Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : VPFGGGNNST1P

Amount of Each Receipt this Period

245.83

☐ Memo Item

Payroll Deduction: (\$37.50 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

733.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Full Name (Last, First, Middle Initial)

A. Stephen Cuddy

Mailing Address 2745 59th Ave SW

City  
SeattleState  
WAZip Code  
98116-2803FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Regional Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 20 / 2016

Transaction ID : VPFGGNNWD4P

Amount of Each Receipt this Period

264.77

☐ Memo Item

Payroll Deduction: (\$264.77 Monthly)

Full Name (Last, First, Middle Initial)

B. Jon Davis

Mailing Address 2124 Wyckford Blvd

City  
RocklinState  
CAZip Code  
95765-6100FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2016

Transaction ID : VPFGGGM5Y58P

Amount of Each Receipt this Period

254.71

☐ Memo Item

Payroll Deduction: (\$254.71 Monthly)

Full Name (Last, First, Middle Initial)

C. Oscar De La Torre

Mailing Address 2493 Trenton Dr

City  
San BrunoState  
CAZip Code  
94066-2822FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern CA Laborers District Council

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2016

Transaction ID : VPFGGGMZW6P

Amount of Each Receipt this Period

227.72

☐ Memo Item

Payroll Deduction: (\$227.72 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

747.20

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 28

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. Armando Esparza**

Mailing Address 2049 W Martha Ln

City

Santa Ana

State

CA

Zip Code

92706-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 652

Occupation

Business Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

277.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : VPFGGNNPK9P

Amount of Each Receipt this Period

277.55

☐ Memo Item

Payroll Deduction: (\$54.51 Weekly)

Full Name (Last, First, Middle Initial)

**B. Victor Gordo**

Mailing Address 414 N Raymond Ave

City

Pasadena

State

CA

Zip Code

91103-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 777

Occupation

Local Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2016

Transaction ID : VPFGGNNHQ9P

Amount of Each Receipt this Period

270.00

☐ Memo Item

Payroll Deduction: (\$135.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. Terrence Healy**

Mailing Address 1850 N 79th Ave

City

Elmwood Park

State

IL

Zip Code

60707-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2016

Transaction ID : VPFGGGM5YJ1P

Amount of Each Receipt this Period

216.74

☐ Memo Item

Payroll Deduction: (\$216.74 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

764.29

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. Vincent C Masino**

Mailing Address 407 Nayatt Rd

City  
BarringtonState  
RIZip Code  
02806-4308FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.18

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	2		2	0	1	6		

Transaction ID : VPFGGGM5YY5P

Amount of Each Receipt this Period

268.18

☐ Memo Item

Payroll Deduction: (\$268.18 Monthly)

Full Name (Last, First, Middle Initial)

**B. Manuel Monsibais**

Mailing Address 5001 Fairfax Rd

City  
BakersfieldState  
CAZip Code  
93306-2805FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern California District Council

Occupation

Local Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8		2	0	1	6		

Transaction ID : VPFGGGNNKS1P

Amount of Each Receipt this Period

216.00

☐ Memo Item

Payroll Deduction: (\$43.20 Weekly)

Full Name (Last, First, Middle Initial)

**C. Liberato Naimoli**

Mailing Address 1219 N Ashley Ln

City  
AddisonState  
ILZip Code  
60101-5735FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 76

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7		2	0	1	6		

Transaction ID : VPFGGGNNSB2P

Amount of Each Receipt this Period

217.00

☐ Memo Item

Payroll Deduction: (\$54.25 Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

701.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Full Name (Last, First, Middle Initial)

A. John Penn

Mailing Address 14211 Jessica Ct

City

Bloomington

State

IL

Zip Code

61705-6927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2016

Transaction ID : VPFGGGM5ZD2P

Amount of Each Receipt this Period

216.74

☐ Memo Item

Payroll Deduction: (\$216.74 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert E Richardson

Mailing Address 427 Appaloosa Ct

City

Cincinnati

State

OH

Zip Code

45231-2774

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2016

Transaction ID : VPFGGGNNSM3P

Amount of Each Receipt this Period

243.74

☐ Memo Item

Payroll Deduction: (\$243.74 Monthly)

Full Name (Last, First, Middle Initial)

C. Armand Sabitoni

Mailing Address 8 Dean Ridge Dr

City

Cranston

State

RI

Zip Code

02920-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LIUNA

Occupation

General Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2016

Transaction ID : VPFGGGM5ZS7P

Amount of Each Receipt this Period

413.95

☐ Memo Item

Payroll Deduction: (\$413.95 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

874.43

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 28  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. Stephen Switzer**

Mailing Address 41312 Butler Ct

City	State	Zip Code
Indio	CA	92203-4012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 777

Occupation

Local Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2016

Transaction ID : VPFGGNNHY5P

Amount of Each Receipt this Period

308.80

☐ Memo Item

Payroll Deduction: (\$154.40 Monthly)

Full Name (Last, First, Middle Initial)

**B. Jennifer Wozniak**Mailing Address 6242 Warner Ave  
Apt 23D

City	State	Zip Code
Huntington Beach	CA	92647-5174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 777

Occupation

Secretary, Organizer, Field Serv. Coor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2016

Transaction ID : VPFGGNNJ01P

Amount of Each Receipt this Period

216.34

☐ Memo Item

Payroll Deduction: (\$108.17 Monthly)

Full Name (Last, First, Middle Initial)

**C. Adolfo Zamora**

Mailing Address 507 Parkside Ln

City	State	Zip Code
Yorkville	IL	60560-9056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Laborers' Local No. 225

Occupation

Local Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : VPFGGNNV8P

Amount of Each Receipt this Period

219.00

☐ Memo Item

Payroll Deduction: (\$36.50 Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

744.14

TOTAL This Period (last page this line number only).....▶

4564.39

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 28

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. Mason Tenders District Council PAC Federal Account**Mailing Address 266 W 37th St  
Ste 1150City State Zip Code  
New York NY 10018-6609FEC ID number of contributing  
federal political committee.**C** C00337733

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37101.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2016

**Transaction ID : VPFGGGMZV14**

Amount of Each Receipt this Period

37101.48

☐ Memo Item

Transfer

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

37101.48

**TOTAL** This Period (last page this line number only)..... ►

37101.48

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 28  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. JOE KENNEDY FOR CONGRESS**

Mailing Address PO Box 590464

City

Newton

State

MA

Zip Code

02459-0014

FEC ID number of contributing  
federal political committee.

C

C00512970

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	1	6		

Transaction ID : VPFGGGMZT61

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. DEFENDING AMERICAN VALUES EVERYWHERE PAC (DAVE PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2016

Mailing Address 1390 Chain Bridge Rd  
# 515

City McLean State VA Zip Code 22101-3904

Purpose of Disbursement  
Contribution

011

Candidate Name  
DEFENDING AMERICAN VALUES EVERYWHERE PAC (DAVE PAC)Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID : VPEH8A0V908

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends For Jim Mcdermott**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111-3786

Purpose of Disbursement  
Voided Check from 11/24/2015

011

Candidate Name  
Rep. Jim McDermottCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Transaction ID : VPEH8A0XZM9

Amount of Each Disbursement this Period

-2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Maria**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2016

Mailing Address PO Box 12740

City Seattle State WA Zip Code 98111-4740

Purpose of Disbursement  
Voided Check from 11/24/15

011

Candidate Name  
Sen. Maria CantwellCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District:

Transaction ID : VPEH8A12H58

Amount of Each Disbursement this Period

-2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

Full Name (Last, First, Middle Initial)

**A. IRISH AMERICAN DEMOCRATS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2016

Mailing Address PO Box 15638

City	State	Zip Code
Chevy Chase	MD	20825-5638

**Transaction ID : VPEH8A0YX54**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**IRISH AMERICAN DEMOCRATS**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. JOE KENNEDY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2016

Mailing Address PO Box 590464

City	State	Zip Code
Newton	MA	02459-0014

**Transaction ID : VPEH8A0V932**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**JOSEPH P III KENNEDY III**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: MA District: 04

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

☐ Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

7500.00
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 OF 28

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Kelly Press**Nature of Debt (Purpose):  
Shipping - Signs

Mailing Address 1701 Cabin Branch Dr

City State

Zip Code

Cheverly

MD

20785-3820

Outstanding Balance Beginning This Period

0.00

Transaction ID : VPCJR9H9D12

Amount Incurred This Period

4657.71

Payment This Period

0.00

Outstanding Balance at Close of This Period

4657.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Kelly Press**Nature of Debt (Purpose):  
Printing and Design - Signs

Mailing Address 1701 Cabin Branch Dr

City State

Zip Code

Cheverly

MD

20785-3820

Outstanding Balance Beginning This Period

0.00

Transaction ID : VPCJR9H9D20

Amount Incurred This Period

6982.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

6982.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Deepika Mehta**Nature of Debt (Purpose):  
Design Services - Signs

Mailing Address 6004 Maiden Ln

City

State

Zip Code

Bethesda

MD

20817-6252

Outstanding Balance Beginning This Period

0.00

Transaction ID : VPCJR9H9D37

Amount Incurred This Period

120.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

11760.54

2) **TOTALS** This Period (last page this line number only)..... ►

11760.54

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

11760.54



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 17 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 11 / 2016		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">2201.89</span>
Purpose of Expenditure Printing and Design - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSE9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">3956.62</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 01 / 11 / 2016		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">1456.00</span>
Purpose of Expenditure Shipping - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSG5 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">3956.62</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					<span style="border:1px solid black; padding:2px;"></span>
(c) TOTAL Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Armand Sabitoni			[Electronically Filed]		
Signature			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 20 / 2016		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 28  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">1862.00</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A0XRT1	
Purpose of Expenditure Shipping - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">006</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">3004.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">14</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">1022.00</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A0XRX5	
Purpose of Expenditure Printing and Design - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">006</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">3004.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Date

03 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>01 / 14 / 2016</b>
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border:1px solid black; padding:2px;">609.09</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FV53	
Purpose of Expenditure Printing and Design - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">609.09</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>01 / 14 / 2016</b>
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border:1px solid black; padding:2px;">609.09</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FV79	
Purpose of Expenditure Printing and Design - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">609.09</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Armand Sabitoni</i>			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>03 / 20 / 2016</b>	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 28  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Kelly Press</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01 / 14 / 2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">609.09</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FV95	
Purpose of Expenditure Printing and Design - Signs		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">609.09</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kelly Press</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01 / 15 / 2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">171.54</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FS26	
Purpose of Expenditure Printing and Design - Signs		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">298.78</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Date

03 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 21 OF 28  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">127.24</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FS42	
Purpose of Expenditure Shipping - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">298.78</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">172.06</span>	
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : VPEH8A1FS91	
Purpose of Expenditure Printing and Design - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">467.62</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Date

03 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">295.56</span>
Purpose of Expenditure Shipping - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSB7 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">467.62</span>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">171.49</span>
Purpose of Expenditure Printing and Design - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSH2 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">3956.62</span>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					<span style="border:1px solid black; padding:2px;"></span>
(c) TOTAL Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Armand Sabitoni			[Electronically Filed]		
Signature			Date <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00007922</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address    1701 Cabin Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 127.24		
City    State    Zip Code Cheverly    MD    20785-3820		<b>Transaction ID : VPEH8A1FSK8</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Purpose of Expenditure Shipping - Signs		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3956.62			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address    1701 Cabin Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 171.54		
City    State    Zip Code Cheverly    MD    20785-3820		<b>Transaction ID : VPEH8A1FSP2</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>			
Purpose of Expenditure Printing and Design - Signs		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 203.58			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Armand Sabitoni</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 20 / 2016		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">32.04</span>
Purpose of Expenditure Shipping - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSR8 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">203.58</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
City Cheverly		State MD	Zip Code 20785-3820		Amount <span style="border:1px solid black; padding:2px;">730.47</span>
Purpose of Expenditure Printing and Design - Signs		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FSV1 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">969.80</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<span style="border:1px solid black; padding:2px;">0.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					<span style="border:1px solid black; padding:2px;"></span>
(c) TOTAL Independent Expenditures..... ▶					<span style="border:1px solid black; padding:2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Armand Sabitoni			[Electronically Filed]		
Signature			Date <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>01 / 15 / 2016</b>
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">239.33</span>
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : <b>VPEH8A1FSX7</b>
Purpose of Expenditure Shipping - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">969.80</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kelly Press</b> *		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>01 / 15 / 2016</b>
Mailing Address 1701 Cabin Branch Dr			Amount <span style="border: 1px solid black; padding: 2px;">171.54</span>
City Cheverly	State MD	Zip Code 20785-3820	Transaction ID : <b>VPEH8A1FSY5</b>
Purpose of Expenditure Printing and Design - Signs	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>RI</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">298.78</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00007922</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Mailing Address    1701 Cabin Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 127.24		
City    State    Zip Code Cheverly    MD    20785-3820		Transaction ID : VPEH8A1FT01 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Purpose of Expenditure Shipping - Signs		Category/ Type    004			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: RI		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 298.78			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Mailing Address    1701 Cabin Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 171.54		
City    State    Zip Code Cheverly    MD    20785-3820		Transaction ID : VPEH8A1FT35 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Purpose of Expenditure Printing and Design - Signs		Category/ Type    004			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: WA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 473.99			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Armand Sabitoni Signature			[Electronically Filed]    Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 03 / 20 / 2016		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Cheverly		State MD	Zip Code 20785-3820	Amount <span style="border:1px solid black; padding:2px;">302.45</span>
Purpose of Expenditure Shipping - Signs		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FT68 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">473.99</span>	
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1701 Cabin Branch Dr			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">15</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Cheverly		State MD	Zip Code 20785-3820	Amount <span style="border:1px solid black; padding:2px;">171.49</span>
Purpose of Expenditure Printing and Design - Signs		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VPEH8A1FT84 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border:1px solid black; padding:2px;">259.10</span>	
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Armand Sabitoni			[Electronically Filed]	
Signature			Date <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 28  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00007922</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>					
Full Name of Payee <b>Kelly Press</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Mailing Address    1701 Cabin Branch Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 87.61		
City    State    Zip Code Cheverly    MD    20785-3820		<b>Transaction ID : VPEH8A1FTA0</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Purpose of Expenditure Shipping - Signs		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 259.10			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Deepika Mehta</b> *			<input checked="" type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Mailing Address    6004 Maiden Ln			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 120.00		
City    State    Zip Code Bethesda    MD    20817-6252		<b>Transaction ID : VPEH8A0XS08</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Purpose of Expenditure Design Services - Signs		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>			
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3004.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Armand Sabitoni</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 03 / 20 / 2016		